

## APPLICATION FOR TRAFFIC CALMING

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Neighborhood Name: \_\_\_\_\_

Neighborhood Street Names: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please rank the traffic problems in your neighborhood  
(1 for greatest concern, 9 for least concern):

_____ Traffic Volume	_____ Danger to Pedestrians along streets
_____ Traffic Noise	_____ Danger to Pedestrians crossing streets
_____ Speeding	_____ Difficulty leaving your driveway/street
_____ Vehicle Crash Problems	_____ Other (please explain in comments section)
_____ Parking	

Please provide five neighborhood residents who agree to participate/form the  
neighborhood steering committee:

Name:	_____
Address:	_____
Phone:	_____

Name:	_____
Address:	_____
Phone:	_____

Name:	_____
Address:	_____
Phone:	_____

